



Montgomery County Department of Health and Human Services
Licensure and Regulatory Services
255 Rockville Pike, Suite 100, 1st Floor, Rockville, Maryland 20850
Phone: 240-777-3986 Fax: 240-777-3088
www.montgomerycountymd.gov/licensure

BINGO LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

☐ New

☐ Renewal

TODAY'S DATE: _____

Name of Current Applicant: _____

Address: _____

Telephone Number: _____ Fax Number: _____ Federal Tax ID#: _____

Email Address (**REQUIRED**): _____

Mailing Address (If Different): _____

Please check type:

☐ Annual (Fee \$345.00) ☐ Ten Day (Fee \$175.00) ☐ One Day (Fee \$45.00) Date and Time: _____

To Benefit: _____

Location of Bingo: _____

Contact Person's Name: _____ Telephone Number: _____

Fax No.: _____ Email Address: _____

Person(s) Conducting Bingo Must be Montgomery County resident(s) and member(s) of the organization.

Two Page Application – Be sure to complete both pages.

I hereby certify that the above information is accurate and complete:

Signature of Applicant: _____

Printed Name and Title of Applicant: _____

Payment Method

☐ Check ☐ Money Order ☐ Visa ☐ MasterCard **CASH IS NOT ACCEPTED** Amount: \$ _____

Credit card payments fax to: 240-777-4531 (confidential fax line).

Credit Cardholder's Name: _____

Credit Card No: _____ Exp. Date: _____ 3 Digit Security Code: _____

I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

OFFICE USE ONLY

Receipt No: _____

Amount Paid: _____

Date Issued: _____

Check No: _____

Expires: _____

Staff Initials: _____

PLEASE SEE PAGE TWO

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PAGE TWO

I, the undersigned:

1. Having read Md. Code Ann. Criminal Law Article § 13-1803 through § 13-1809, do swear that the organization I represent is eligible to conduct a Bingo under said law.
2. No agreement exists to divert any of the proceeds of the bingo to another person; and
3. No other person will receive any of the proceeds of the bingo except to further the purpose of the qualified organization.

Signatures of Organization Officers Responsible: _____

**** This may only be signed by the President and Treasurer, or the Chief Executive and Fiscal Officer**

Titles of Organization Officers Responsible: _____

Please have application notarized below.

State of Maryland

Montgomery County, to wit:

This certifies that on this _____ day of _____, _____, before the subscriber, a Notary Public in and for the State and County aforesaid personally appeared the applicant(s) named in the foregoing application and made oath in due form of law that the statements made therein are true to the best of his/her knowledge and belief.

Witness my hand and official seal.

My commission expires: _____

Notary Public

The following attachments must accompany the application

1. Submit a complete statement of purpose and objectives of the qualified organization and the purposes for which the qualified organization will use the proceeds from the bingo, signed by the applicant(s).
2. Submit the names and addresses of all organization officers and directors.
3. Submit a copy of the letter your organization received from the Internal Revenue Service establishing your group as a non-profit organization exempt from federal income tax under 26 U.S.C. § 501 (c)(3), (4), (7), or (10).